

April 9, 2025

## Due May 1, 2025: Pay-for-Performance Attestations

Dear primary care clinics,

The Health Plan of San Mateo (HPSM) recently published a template to submit manual attestations for MY2024 Benchmark Pay-for-Performance (P4P) credits.

- **2024 Attestation Template document:** <https://www.hpsm.org/docs/default-source/provider-services/my2024-p4p-attestation-template.xlsx>
- **Value Based Payment webpage:** <https://www.hpsm.org/provider/incentive-payments/incentive-payments-for-primary-care-providers>

Please submit attestations via secure email to both [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org) and [Kaylee.knowles@hpsm.org](mailto:Kaylee.knowles@hpsm.org) by May 1, 2025.

### Medi-Cal P4P Benchmark Program

P4P Measure	Allowances
<b>CIS-10:</b> Childhood Immunizations (Combo 10)	<p><i>If April 2025 eReport determined member is eligible and noncompliant, AND:</i></p> <ul style="list-style-type: none"> <li>• Clinic administered OR collected immunization records or found CAIR Registry evidence that member received four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two RV, and two flu immunizations by second birthday.</li> </ul>
<b>FLU:</b> Seasonal Flu Vaccine	<p><i>If April 2025 eReport determined member is eligible and noncompliant, AND:</i></p> <ul style="list-style-type: none"> <li>• Clinic administered flu vaccine OR received verbal confirmation, collected immunization records, or found CAIR Registry evidence that member received flu vaccine between July 2024 – March 2025.</li> </ul>
<b>IHA:</b> Initial Health Assessment	<p><i>If April 2025 eReport determined member is eligible and noncompliant and BOTH of the following conditions are met:</i></p> <ul style="list-style-type: none"> <li>• Clinic attempted three or more outreach attempts to member within the first 90 days of assignment. Clinics may verify assignment date using Column N of the eReport titled “Active Engagement Report”. Clinic must additionally provide all dates of attempted outreach per</li> </ul>

	<p>attested member in a separate tab of the attestation document.</p> <p>NOTE: Attestations for outreach attempts eligible for partial credit only.</p> <ul style="list-style-type: none"> <li>Clinic must send an email to <a href="mailto:PSInquiries@hpsm.org">PSInquiries@hpsm.org</a> and <a href="mailto:kaylee.knowles@hpsm.org">kaylee.knowles@hpsm.org</a> containing EITHER a brief narrative describing outreach efforts to new patients OR phone/text message scripting, outreach letters, or other evidence of standard materials used to activate patients into primary care.</li> </ul>
<b>W15:</b> Well Child Visits (0-15 months)	<p><i>If April 2025 eReport determined member is eligible and noncompliant and ANY of the following conditions are met:</i></p> <ul style="list-style-type: none"> <li>One or more visits were performed in the child's first 30 days of life before Medi-Cal enrollment and this visit(s) was billed under the parent's Medi-Cal ID.</li> <li>Child became Medi-Cal enrolled after a non-HPSM provider performed one or more well visits (bringing total to at least six on or before the 15th month birthday).</li> </ul>

#### CareAdvantage P4P Benchmark Program

P4P Measure	Allowances
<b>COL:</b> Colorectal Screening	<p><i>If April 2025 eReport determined member is eligible and noncompliant, AND:</i></p> <ul style="list-style-type: none"> <li>Clinic has documented evidence that member received any of the following services before being assigned to current panel: <ul style="list-style-type: none"> <li>Fecal occult blood test (FOBT) between January 2024 – December 2024</li> <li>Flexible sigmoidoscopy between January 2020 – December 2024</li> <li>Colonoscopy between January 2015 – December 2024</li> <li>CT colonography between January 2020 – December 2024</li> <li>FIT-DNA test between January 2022 – December 2024</li> </ul> </li> </ul> <p>HPSM will NOT accept attestations for services rendered by attesting (i.e. currently assigned) provider, as these should be reported via standard claims or supplemental data processes.</p>
<b>FLU:</b> Seasonal Flu Vaccine	<p><i>If April 2025 eReport determined member is eligible and noncompliant, AND:</i></p> <ul style="list-style-type: none"> <li>Clinic administered flu vaccine OR received verbal confirmation, collected immunization records, or found CAIR Registry evidence that member received flu vaccine between July 2024 – March 2025.</li> </ul>

Please direct questions to [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you,

The Health Plan of San Mateo